Camp Parental Consent Form

I herby give permission for my son/daughter _____to participate in Kids Camp, hosted by Church of the Harvest, Citrus Heights and consent and agree to hold harmless Church of the Harvest, Citrus Heights, Christian Life Center, it's agents, employees, or volunteer assistants form all claims that I (as a parent) might have arising out of my children's participation in this program. I have explained the meaning "Hold Harmless" to my child and his/her signature below indicates his/her agreement to do the same

_____
parent's signature

_____
child's signature

If it should become necessary for my children to receive medical treatment for any reason, I accept full responsibility for the cost of medical treatment for any injury not covered by insurance. In addition, I authorize and consent to all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for each treatment. Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health and so I hereby authorize and request the camp director, or personnel to administer or supervise such time as my child can be safely transported to the doctor or hospital.

_____
parents signature & date

kids camp 2004
august 16-19

CHRISTIAN LIFE
C E N T E R

6391 Leisure Town Road Vacaville, California 95687
707.448.3124 www.vvclc.org
our office is open: Tuesday - Friday 8:30am-4:30pm

kids camp 2004

This year's camp will be held at Sly Park on Jenkinson Lake near Placerville. We will be joining with The Father's House here in Vacaville for this summer experience. Your child will enjoy swimming, crafts, games, rock climbing walls and Spirit-Filled chapels. Don't let your child miss out on this opportunity to create godly friendships and to experience an encounter with the Lord.

camp speakers...

Spy Commanders Tim and Steve Nalley

Pastors Tim and Steve are in action as our Spy Commanders for this year's summer camp. They both have extensive experience in children's ministry and communicate Christ to children in a way that is life changing!

camp cost

Camp Registration $150.00

(Non – Refundable)

$75.00 deposit to hold reservation!

Due to limited space, deposit must be in to secure your spot by July 14th

Balance of camp cost due by August 16th

for all kids ages...

7-13 years old

transportation

We will be coordinating transportation determined by the number of kids registered to attend from CLC.

What to Bring!

1. Lots of Jesus
2. Bible, pens and paper
3. Snack lunch/money for Monday's travel
4. Bathing suit and towel (Modest & Appropriate)
5. Jacket for cool nights
6. Sleeping bag, pillow and extra blanket
7. Towels and wash cloth
8. Soap shampoo deodorant, sunscreen, etc
9. Personal care items, toothpaste toothbrush, etc.
10. Flashlight
11. Insect repellent
12. Hunger for God!

optional items for camp

1. Camera and film
2. Sports equipment
3. Money for snack bar ($2.00 per day)

DO NOT BRING ANY OF THE FOLLOWING ITEMS:

1. Radios, CD players, tape player, Gameboys, hand held games or stereos.
2. Pocket knives or knives of any kind
3. Fire works or gum!

august 16-19, 2004

We will be leaving CLC parking lot (admin side) at:

10:30 am August 16th

bring money for lunch or a packed lunch

We will be returning after camp to the CLC parking lot (admin side) at:

3:30pm on the 19th

Camp begins on Monday at 1pm and ends Thursday at 1pm.

for more information call Sue Loyd at the church office 448.3124 ext 664

registration form

Campers Name: _____

Address: _____

City: _____ Zip: _____

Age: _____ Sex: _____ Grade: _____

Parent's Name: _____

Home Phone: _____

Work Phone: _____

Church: _____

Pastor: _____

If parent cannot be contacted who will handle an emergency if needed:

Name: _____

Phone: _____

Relationship: _____

Insurance Co. _____

Group # or I.D. # _____

Child's Social Security: _____

Medications: _____

Physical Limits: _____

Physician's Name: _____

Physician's Phone: _____

Last Tetanus shot (date) _____

Activity restriction/s _____

Deposit $75 _____

Total Camp fee $150 _____

Total Enclosed: _____

Balance due on/before 8/14

Please make checks payable to: Christian Life Center (kids camp)

Registration forms may be turned in at our Information Counter or the church office, attn: Sue Loyd